Inter-Employee Complaint Form

Complainant Name:

Job Title and Location:

Email Address:

Phone Number:

Name of Staff Member the Complaint is Against:

Date of Incident(s):

Detailed Description of Complaint (include dates, times, locations, witnesses and all relevant details. Add additional pages as needed.

Steps Already Taken to Resolve the Issue:

Resolution Requested:

Signature of Complainant:

Date:

For Supervisor Use Only:

Received by:

Date:

Comments: